

MAY 29 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13472

1. PLACE OF DEATH

County Linn Registration District No. 496 File No. _____
Township _____ Primary Registration District No. 3095 Registered No. 43
City Brookfield (No. _____) St. _____ Ward _____

2. FULL NAME Gustave Arthur Runge

(a) Residence, No. 1104 N. Main St. 1st Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amy Runge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/16/1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. B. & Q. R. R.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locomotive Engr.
10. Date deceased last worked at this occupation (month and year) 4/23/35 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa

13. NAME Fred Runge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

15. MAIDEN NAME Olga Bruns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

17. INFORMANT (ADDRESS) Mrs. Amy Runge Brookfield, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE 4/25/35

19. UNDERTAKER (ADDRESS) E. W. J. Lee Brookfield, Mo.

20. FILED May 1, 1935 J. Lucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1924, 1935, to Apr. 23, 1935

I last saw him alive on Apr. 22, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Arterio sclerosis with a hypertension

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) W. B. Simpson, M. D.

(Address) Brookfield Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3700
WWW: WWW.CHEM.UCHICAGO.EDU